THE TREND OF MEDICO-SOCIAL EFFORT IN CHILD WELFARE WORK.

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I am very glad to have this opportunity to discuss what seems to me to be the trend of medico-social effort in Child Welfare work before this group of physicians, sanitarians, and laborers for the public health, because, as I understand it, this is the first time the social worker has been formally admitted into your councils, and because *as* a social worker who has been thrown into close contact with scores of physicians and health officers, I have the deepest appreciation of the work you have done and of the tremendous import of your attitude of mind and your influence, not only on Child Welfare and health problems in general, but on the social good.

First of all, let me say that the problem of Child Welfare, in the sense that I understand and use the term, is a health problem not to be dissociated from, and, indeed, from the practical standpoint of its solution, synonomous with, the general problem of public health. Because, however, of its quick appeal to the sympathy and understanding of the general laity, growing out of the fact that it is now generally recognized that the children of today are the men and women of tomorrow, and that work in developing strong and robust boys and girls is more profitable than work in mending conditions of adult sickness and disease, *I* believe that the surest and quickest way to public health is through Child Welfare work; and that in building the machinery for this work we are building the machinery for carrying on all those other forms of social and medical activity which ultimately will convey health to every home.

In the Child Welfare movement, as in all other movements for public health, two forces have been particularly active—those embraced by the medical profession on the one hand, and those of the so-called social worker on the other. At first the line of demarcation between these two forces was quite distinct. Of late years it has been growing less so. Students of sociology today clearly recognize that most of the problems which social and philanthropic agencies are endeavoring to solve are health problems, while on the other hand, the fact is also beginning to be apparent that most of the diseases which physicians and health authorities are treating and endeavoring to rectify have their origin in social causes. Reflect for a moment on the work which is being initiated and carried out by such

agencies as are found in the United Charities Building in New York City. The activities of the Committee on the Prevention of Tuberculosis, of the New York Milk Committee, of the Housing and Pure Food Committees and the Committee for the Prevention of Blindness—the very names indicate how deeply the philanthropic world is delving in health problems. On the other hand, consider that most of this effort, begun in purely a charitable or philanthropic spirit, has found, or is finding, its way into our health departments; that many of our leading hospital experts, recognizing that they cannot even properly diagnose and prescribe without understanding the social conditions under which their patients live, are establishing bureaus of social service in the charge of non-medical workers; and that a layman—a social worker—at this moment is directing Boston's largest dispensary. Consider these things, I say, and you will agree with me, I think, that health work is fast developing beyond those limits wherein the medical practitioner has long been wont to hold uninterrupted sway.

Slowly but surely a new concept is dawning in the minds of those who are working and thinking on these problems. Slowly but surely we are coming to realize that even the ethical character of a people has its basis in physiology; that this thing we call health is the foundation and source of civic righteousness; and that anything which tends to deprive any man or woman, youth or maiden, boy or girl of an essential to its physical growth or development is a wrong not only physically, but intellectually, morally and spiritually against this and succeeding generations.

I say that physicians and workers for the public health are *beginning* to grasp this concept. Perhaps I should say they have as yet only "sensed" it. Certainly they have taken no steps to meet the new problems which action in conformity to such a concept would logically involve.

The reason for this is, of course, purely evolutionary. In the progress of human events circumstances of growth and development inevitably have compelled us to do the thing nearest to us first, without questioning and, indeed, without knowing at the moment, what lay beyond. For this reason medical and social efforts, even at this supposedly advanced stage of thought along health lines, are still largely occupied with remedial and corrective measures. Prevention is practiced, but, after all, practiced on a restricted scale. Causes of tuberculosis, infant mortality and the like have been worked out, and more or less clearly defined programs to eliminate these evils have been formulated; but the pressure of each man's work and the lack of constructive leadership have prevented us up to the present moment from carrying out the broader forms of prevention which recognize that the solution of each separate problem is inextricably bound up in the solution of every other problem; and that the *whole* problem cannot be solved without concerted and organized effort, not only along medical, hygienic and sanitary lines, but along every known line of social effort.

That this is so, and that greater progress towards organized prevention in public health work has not been made, is a thing which the social worker must be given a chance to rectify; for he it is, with his special experience and training, to whom we must look for guidance when the problem of health shifts to social grounds.

In making this statement I do not mean to imply that the physician, as a leader in health work is necessarily to be supplanted by the social worker, nor do I fail to recognize the tremendous contribution which he has made along lines other than those which are strictly medical. In the very social field of which we are speaking his researches and discoveries have been unquestionably foundation stones. Without his self-sacrifice and generous contribution of time and service most of our chartiable and philanthropic activities which have since developed along the broader lines of social and community effort would have been impossible. Without his activity and enthusiasm social progress could not have advanced to the point which it has reached today.

Still there *is* a very distinct difference between the practice of medicine and social work, and the time has come when for the sake of efficiency in our health movements this difference should be made clear.

Perhaps it will help, in setting about this task, if we first understand and appreciate what are now becoming recognized as the essential steps to all social growth.

These steps are as follows:—

First, there is the laboratory work—the work of study, investigation and research to find out the causes of bad health and deleterious conditions and to learn what must be done to remove these causes.

Next, there is the work of education and publicity—of telling others the truths learned in our laboratories and by study, investigation, and research—of multiplying the number of individuals who know what ought to be done to remove the causes of bad health and deleterious conditions, and of creating a public demand that it *shall* be done.

Lastly, there is the work of organization—the actual doing of the thing that ought to be done.

Let us now take the problem of Child Welfare and see what part the physician, what part the social worker, has played and must in the future play therein.

No one will deny, I think, that the physician, by discovering and pointing out the immediate causes of sickness, diseases and death among babies, give the first great impetus to the Child Welfare movement. His work in this connection is that of the specialist, the student, the investigator. Dealing with bodily disease among babies he naturally was first to ask the question "why?" when stunted and distorted little beings came beneath his notice; and it was not long before an answer was evolved.

Once this preliminary medical research work had been done, however,—once the relation between specific diseases and their immediate causes had been established—new problems arose. Take for example, the question of the milk supply. All of us know the relation between bad milk and intestinal diseases among babies. Physicians discovered this relation for us, and by doing so showed us the necessity of a clean milk supply. This accomplished, however, their part as physicians, strictly speaking, ended. Thereafter the base of investigation shifted. No longer was it a question of discovering what made the baby sick, but what caused the milk to turn sour. To settle this point the chemist, bacteriologist and sanitarian, none of whom need necessarily be a physician, although much of their work is still associated in the public mind with holders of a medical degree, were brought in. With their assistance methods of milk production, handling, refrigeration, delivery and sale were evolved; sanitary machinery was suggested, principles of operation were laid down. But this work did not solve the problem. Not only is clean milk necessary, but it must be cheap. Otherwise those who need it most may go unsupplied. Here was a problem for the business man and economist—a problem closely related to transportation and a score of other purely industrial questions. Meanwhile the work of organizing and directing forces of country milk inspection was going on; legislators were endeavoring to secure the necessary appropriations; lawyers were working on milk legislation, while countless other forces were turned loose on the problem, each making its own contribution to the final solution.

All this work has been done merely to rectify certain deleterious conditions in the physical elements of a food product which, like water, gas and many other commodities upon which the health of communities depends, is largely under public control. Much of it has been done by individuals who, in all likelihood, never held a baby in their arms; but has this marred their efficiency? Not a bit. For this is a purely scientific problem, the object of which with them has not been the baby but the milk.

Still all of us know that in the reduction of infant mortality intelligence among those who actually care for the baby is a prime factor. Even the purest milk, if exposed to the dirty air of a tenement, and supplemented by pickles and tea, is not enough to keep a baby alive. Ignorance of simple and fundamental principles of care and hygiene on the mother's part kills many a baby. Physicians again have discovered this and other general hygienic facts for us, but it is left largely to the visiting nurse and the social worker to spread intelligence on such matters in the home. Thus even in what hitherto has been regarded as the physician's exclusive field—the personal oversight of individual babies—other workers have entered to do what he has shown to be necessary. Doctors and social workers alike are beginning to recognize that, while corrective treatment of exist-

ing sickness will remain a factor for a long time to come, emphasis hereafter must be placed more and more on the development of preventive measures. It has become axiomatic to say that it is more important to teach mothers how to keep their babies well than to cure them after they are sick. It takes skill and training to correct a deranged digestion. It takes simple common sense, combined with a knowledge of what constitutes wholesome food and right living, to prescribe a regimen which will make a deranged digestion an impossiblity. Teachers do not need to be scientists. The laws of health, like the laws of astronomy and mathematics, need only to be understood, propagated, and obeyed to secure beneficent results. And because the physician (except where he is directly connected with some organized social effort) has no spare time or energy for social teaching the problem of dealing with the ignorance which he has pointed out as a chief cause of infant mortality, like the problem of improving the purely physical properties of milk, has passed into other hands.

But even when we have taught mothers, and improved the supply of cow's milk, we are still far from the solution of our problem. Why, for example, is cow's milk necessary for the infant? Why does not the mother nurse it herself? These questions, raised by the physician, find an answer in social conditions. Overwork, nervousness, anxiety, too frequent bearing of children, malnourishment, undernourishment, even ignorance itself —these and other conditions which affect not only maternal nursing, but maternal care in every other direction—have their origin in conditions of home and family life. Perhaps it is the father who is out of employment, leaving his wife to become the wage earner at the expense of her infant; perhaps it is a case of preventable illness among one of the older children which has drained the family budget—a thousand circumstances and conditions, which fill the case records of our charitable and philanthropic societies—all exert a direct influence on the mother and babe. Thus we see that infant mortality from being a purely individual problem, is developing into a social problem. Whatever deleteriously affects the home and the family, we see, deleteriouly affects the child, and our *chief* problem, therefore, becomes that of rectifying these deleterious conditions and of discovering the means of their removal.

This is the task of the social agent.

He or she it is who deals not with the baby alone, or with the mother and baby, but with the father, the little brothers and sisters, the grandparents, the aunts, the cousins and the neighbors, each and all of whom, in every act and relation of life, are inextricably bound up to its health and happiness.

But now we are led by our problem far beyond the home for clearly, work which is confined merely to the family group will never rectify those conditions of employment, wages, and the like which find their roots in

social organization on its broadest scale. From the treatment of bodily ailments in individual babies and the passing on of scientific discovery to specialists for special use, we have come to the treatment of society as a whole; to the discovery of the most complex and difficult social relationships; to the education of people by the hundreds of thousands and through myriad channels; to the organization of all forces which exist to promote health and relieve distress.

The physician, through his investigations and experience, has laid the foundations of data and information on which public health is being built up. He has indicated the problem, but others are now needed to work it out in conjunction with him.

In the field of things physical the sanitarian is now a recognized necessity to all health work.

In the field of things social an expert is also vital to the development of all health programs; but this fact is as yet little recognized by physicians and health officers. A very real need exists in our health departments today for social organizers and directors—men and women of special vision, training and experience in social work—who will do for whole communities work of social organization which is already being done by philanthropic leaders in single and smaller fields. All over the world students, scientists and thinkers are discovering for humankind the *immediate* medical, sanitary and hygienic causes of suffering and ill-health. The problem now is to discover the social causes of these other causes and to formulate and direct against them a social program, in which all forces shall take part.

This is the work of the social specialist. He may be a physician, or he may not. A medical degree certainly is not an essential. What he must have is social vision and definite social training—the ability to see things in the large and the experience to put his vision into practical social programs.

Health work, viewed from the standpoint of social prophylaxis is passing from the practicing physician's hands. Hereafter if the physician wishes to play an effective part in our health programs he must make a deliberate choice between three professions:—first, his own special calling, requiring as it does, years of intensive thought, study and experience and concerning itself largely with problems of individual health; second, the profession of the sanitarian which deals with physical elements; and lastly, the profession of the social organizer dealing with social conditions in the aggregate.

The choice between practicing physician and sanitarian already has been made by many men, and a few, recognizing instinctively the need of social organization in health work, have given themselves to it with marked success. In no city as yet, however, has this branch of effort

in health work been pushed nearly to the point where it could be if medical men and health officers, still lacking for the most part in social training, would call upon the social specialist. Among some of them, at least, there is still antagonism to the social worker. The idea that health depends upon social causes has not yet gained its way. Reluctantly will they admit that this most effective kind of preventive health work requires the services of one who may not possess a medical degree.

An illustration of what I mean, and of the social loss that may result has just been furnished by Milwaukee.

In May, 1911, in response to a widespread public demand, the common council of Milwaukee passed a resolution authorizing the mayor to appoint a Child Welfare Commission, the object of which was to study and investigate the causes of infant death, and to formulate and carry out a plan of Child Welfare work from the standpoint of the entire community.

Three leading physicians were appointed to serve on this committee —a professor of pediatrics in a local medical college whose enthusiasm and interest had been responsible for the Certified Milk movement in Wisconsin; an obstetrician—the head of a local maternity hospital which had long played a prominent part in the infant welfare campaign; and a general practitioner, who was known throughout the state for his activity in social movements and who had especially identified himself with efforts to reduce infant mortality. A social worker, who had given five years of special effort to infant mortality and Child Welfare was engaged as executive.

The work of the Commission during the first year was devoted to a comprehensive survey of the local field, embracing such special studies as the cost of an infant's milk; a study of the care of babies in hospitals, institutions and baby farms; a close analysis of the social data contained in 10,000 birth certificates for 1911 and of 1200 death certificates for 1910 and 1911; a study of the relation of the problem of infant mortality from the educational standpoint to the problem of the school and the social center; a study of work to reduce infant mortality at home and abroad; and a special study of methods of work and their cost in restricted local areas specially selected for demonstration purposes.

Basing its conclusions on the knowledge and data gained in this intensive and extensive survey, the Commission at the end of the year formulated what it called a "community plan" for meeting this problem. An ultimate and immediate program of work, based on a unit system of preventive health centers, was laid down, to carry out which it was proposed that the municipality, through its Health Department, should continue and direct the work of social organization, promotion and education which the Commission up to this time had been doing and which it regarded as absolutely essential to the development of Child Welfare work.

This program was not carried out because of the opposition of a physi-

cian, formerly health commissioner of Milwaukee and under the recent change of administration its present mayor. His insistence was that the problem of Child Welfare was largely medical in character and that, as such, only a medical man could properly direct it. Ignoring the recommendations of the Child Welfare Commission (which, I am glad to say, were endorsed by the Milwaukee County Medical Society at a special meeting called for their consideration), he dispensed with their services and reduced the work which they had been doing to a routine function of the Health Department, for the head of which there was secured at an inadequate salary a young man one year out of medical college with neither medical nor sociological experience in this field.

I mention this specific instance because if, as I firmly believe, the trend of medico-social effort in Child Welfare work is towards social organization and promotion, then the lack of understanding and appreciation of this fact illustrated by the opposition to it of a supposed health expert and municipal leader seems to me to point a very serious moral indeed.

Social organization in Child Welfare and Health work is bound to come. The whole trend of effort is in that direction. The rapidity with which public health officials recognize this fact and call upon social workers to assist them in their social programs, as they have already called upon sanitarians to help them in their sanitary programs, will measure the rapidity with which our general health problem, so largely dependent upon social conditions, will be solved.